HOSPITALITY NURSING/REHABILITATION CENTER

8633 32ND AVENUE

KENOSHA 53142 Ownershi p: Corporati on Phone: (262) 694-8300 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 133 Yes Total Licensed Bed Capacity (12/31/01): 133 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: Average Daily Census: 112 117 \* \*

| Services Provided to Non-Residents |      | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 1/01)  | Length of Stay (12/31/01) | %        |
|------------------------------------|------|-----------------------------|---------|-----------------|--------|---------------------------|----------|
| Home Health Care                   | No   | Primary Diagnosis           | %       | Age Groups      | %      | Less Than 1 Year          | 51. 8    |
| Supp. Home Care-Personal Care      | No   |                             |         |                 |        | 1 - 4 Years               | 32. 1    |
| Supp. Home Care-Household Services | No   | Developmental Disabilities  | 0.0     | Under 65        | 6.3    | More Than 4 Years         | 16. 1    |
| Day Servi ces                      | No   | Mental Illness (Org. /Psy)  | 5.4     | 65 - 74         | 17. 0  |                           |          |
| Respite Care                       | Yes  | Mental Illness (Other)      | 0. 9    | 75 - 84         | 33. 9  | ·                         | 100. 0   |
| Adult Day Care                     | No   | Alcohol & Other Drug Abuse  | 0. 0    | 85 - 94         | 32. 1  | *********                 | *****    |
| Adult Day Health Care              | No   | Para-, Quadra-, Hemi plegic | 0.0     | 95 & 0ver       | 10. 7  | Full-Time Equivaler       | t        |
| Congregate Meals                   | No   | Cancer                      | 1. 8    | ĺ               | j      | Nursing Staff per 100 Re  | si dents |
| Home Delivered Meals               | Yes  | Fractures                   | 18.8    |                 | 100. 0 | (12/31/01)                |          |
| Other Meals                        | No   | Cardi ovascul ar            | 12. 5   | 65 & 0ver       | 93. 8  |                           |          |
| Transportati on                    | No   | Cerebrovascul ar            | 8. 9    | '               |        | RNs                       | 12. 9    |
| Referral Service                   | No   | Di abetes                   | 0.0     | Sex             | % i    | LPNs                      | 7. 4     |
| Other Services                     | Yes  | Respiratory                 | 8. 0    |                 | ˈi     | Nursing Assistants,       |          |
| Provi de Day Programming for       |      | Other Medical Conditions    | 43. 8   | Male            | 28. 6  | Aides, & Orderlies        | 33. 1    |
| Mentally Ill                       | No   | ĺ                           |         | Femal e         | 71.4   |                           |          |
| Provide Day Programming for        |      |                             | 100. 0  |                 |        |                           |          |
| Developmentally Disabled           | No   |                             |         |                 | 100. 0 |                           |          |
| ***********                        | **** | '<br>***********            | *****   | '<br>********   | ****** | *********                 | ******   |

## Method of Reimbursement

| Medicare<br>(Title 18) |      |        | Medicaid<br>(Title 19) |           |       | 0ther                |     |       | Pri vate<br>Pay      |     |        | Family<br>Care       |     | 1    | Managed<br>Care      |     |       |                      |                          |                |
|------------------------|------|--------|------------------------|-----------|-------|----------------------|-----|-------|----------------------|-----|--------|----------------------|-----|------|----------------------|-----|-------|----------------------|--------------------------|----------------|
| Level of Care          | No.  | %      | Per<br>Di em<br>(\$)   | No.       | %     | Per<br>Di em<br>(\$) | No. | %     | Per<br>Di em<br>(\$) | No. | %      | Per<br>Di em<br>(\$) | No. | %    | Per<br>Di em<br>(\$) | No. | %     | Per<br>Di em<br>(\$) | Total<br>Resi -<br>dents | %<br>Of<br>All |
| Int. Skilled Care      | 0    | 0. 0   | 0                      | 0         | 0. 0  | 0                    | 0   | 0. 0  | 0                    | 0   | 0. 0   | 0                    | 0   | 0. 0 | 0                    | 0   | 0. 0  | 0                    | 0                        | 0. 0           |
| Skilled Care           | 18   | 100. 0 | 322                    | <b>56</b> | 70.9  | 103                  | 3   | 100.0 | 103                  | 10  | 100.0  | 166                  | 0   | 0.0  | 0                    | 2   | 100.0 | 270                  | 89                       | 79. 5          |
| Intermedi ate          |      |        |                        | 23        | 29. 1 | 85                   | 0   | 0.0   | 0                    | 0   | 0.0    | 0                    | 0   | 0.0  | 0                    | 0   | 0.0   | 0                    | 23                       | 20. 5          |
| Limited Care           |      |        |                        | 0         | 0.0   | 0                    | 0   | 0.0   | 0                    | 0   | 0.0    | 0                    | 0   | 0.0  | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Personal Care          |      |        |                        | 0         | 0.0   | 0                    | 0   | 0.0   | 0                    | 0   | 0.0    | 0                    | 0   | 0.0  | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Residential Care       |      |        |                        | 0         | 0.0   | 0                    | 0   | 0.0   | 0                    | 0   | 0.0    | 0                    | 0   | 0.0  | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Dev. Di sabl ed        |      |        |                        | 0         | 0.0   | 0                    | 0   | 0.0   | 0                    | 0   | 0.0    | 0                    | 0   | 0.0  | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Traumatic Brain In     | j 0  | 0.0    | 0                      | 0         | 0.0   | 0                    | 0   | 0.0   | 0                    | 0   | 0.0    | 0                    | 0   | 0.0  | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Ventilator-Depende     | nt 0 | 0.0    | 0                      | 0         | 0.0   | 0                    | 0   | 0.0   | 0                    | 0   | 0.0    | 0                    | 0   | 0.0  | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Total                  | 18   | 100.0  |                        | 79        | 100.0 |                      | 3   | 100.0 |                      | 10  | 100. 0 |                      | 0   | 0.0  |                      | 2   | 100.0 |                      | 112                      | 100. 0         |

| Admi ssi ons, Di scharges, and |       | Percent Distribution  | of Residents' | Condi t | tions, Services, an | d Activities as of 12 | /31/01        |
|--------------------------------|-------|-----------------------|---------------|---------|---------------------|-----------------------|---------------|
| Deaths During Reporting Period |       |                       |               |         |                     |                       |               |
|                                |       |                       |               |         | % Needi ng          |                       | Total         |
| Percent Admissions from:       |       | Activities of         | %             |         | ssistance of        | % Totally             | Number of     |
| Private Home/No Home Health    | 8. 0  | Daily Living (ADL)    | Independent   | 0ne     | e Or Two Staff      | Dependent             | Resi dents    |
| Private Home/With Home Health  | 0. 7  | Bathi ng              | 0. 0          |         | 98. 2               | 1. 8                  | 112           |
| Other Nursing Homes            | 1.8   | Dressi ng             | 14. 3         |         | 83. 9               | 1. 8                  | 112           |
| Acute Care Hospitals           | 88. 0 | Transferring          | 12. 5         |         | 83. 0               | 4. 5                  | 112           |
| Psych. HospMR/DD Facilities    | 0.0   | Toilet Use            | 14. 3         |         | 82. 1               | 3. 6                  | 112           |
| Reĥabilitation Hospitals       | 0.0   | Eati ng               | 22. 3         |         | 72. 3               | 5. 4                  | 112           |
| Other Locations                | 1.4   | *************         | ******        | *****   | ********            | *******               | ******        |
| Total Number of Admissions     | 276   | Conti nence           |               | %       | Special Treatment   | ts                    | %             |
| Percent Discharges To:         |       | Indwelling Or Extern  | al Catheter   | 7. 1    | Receiving Respi     | iratory Care          | 4. 5          |
| Private Home/No Home Health    | 38. 8 | Occ/Freq. Incontinen  | t of Bladder  | 36. 6   | Recei vi ng Tracl   | heostomy Care         | 1.8           |
| Private Home/With Home Health  | 10.0  | Occ/Freq. Incontinent | t of Bowel    | 8. 9    | Receiving Sucti     | i oni ng              | 0. 9          |
| Other Nursing Homes            | 9.3   | · -                   |               |         | Receiving Ostor     | my Care               | 1. 8          |
| Acute Care Hospitals           | 15. 3 | Mobility              |               |         | Receiving Tube      | Feedi ng              | 1. 8          |
| Psych. HospMR/DD Facilities    | 0.0   | Physically Restraine  | d             | 6. 3    | Receiving Mecha     | anically Altered Diet | s 21.4        |
| Reĥabilitation Hospitals       | 0.0   | j                     |               |         | G                   | · ·                   |               |
| Other Locations                | 6. 0  | Skin Care             |               |         | Other Resident Cl   | haracteri sti cs      |               |
| Deaths                         | 20.6  | With Pressure Sores   |               | 6. 3    | Have Advance Di     | i recti ves           | 83. 9         |
| Total Number of Discharges     |       | With Rashes           |               | 0.0     | Medi cati ons       |                       |               |
| (Including Deaths)             | 281   | İ                     |               |         | Receiving Psycl     | hoactive Drugs        | <b>56</b> . 3 |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

Ownership: Bed Size: Li censure: Propri etary 100-199 Skilled Al l Thi s Peer Group Peer Group Facility Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 88.0 82. 7 1.06 83. 8 1.05 84. 3 1.04 84.6 1.04 Current Residents from In-County 87.5 82. 1 1.07 84. 9 1. 03 82. 7 1.06 77. 0 1. 14 Admissions from In-County, Still Residing 18. 1 18.6 0.97 21. 5 0.84 21.6 0.84 20.8 0.87 Admissions/Average Daily Census 235. 9 178.7 1.32 155. 8 1.51 137. 9 1.71 128. 9 1.83 Discharges/Average Daily Census 240.2 179.9 1.34 156. 2 1. 54 139. 0 1.73 130.0 1.85 Discharges To Private Residence/Average Daily Census 117. 1 76. 7 1.53 61. 3 1. 91 55. 2 2. 12 52.8 2. 22 Residents Receiving Skilled Care 79. 5 93.6 0.85 93. 3 0.85 91.8 0.87 85. 3 0.93 Residents Aged 65 and Older 1.01 93.8 93.4 1.00 92.7 92. 5 87. 5 1.07 1.01 Title 19 (Medicaid) Funded Residents 70.5 63. 4 1.11 64.8 1.09 64.3 68. 7 1.03 1. 10 Private Pay Funded Residents 23. 0 0.39 23. 3 0.38 25.6 22. 0 0.41 8. 9 0.35 Developmentally Disabled Residents 0.0 0. 7 0.00 0. 9 0. 00 1. 2 7. 6 0.00 0.00 30. 1 Mentally Ill Residents 6.3 0.21 37. 7 0.17 37.4 0.17 33. 8 0.18 General Medical Service Residents 43.8 23. 3 1.88 21. 3 2.06 21. 2 2.06 19. 4 2. 25 Impaired ADL (Mean) 49.3 45.5 48.6 0.94 49. 6 0.92 49.6 0.92 0.92 Psychological Problems 56. 3 50.3 1. 12 53. 5 1. 05 54. 1 1.04 51.9 1.08 Nursing Care Required (Mean) 7.3 0.65 4.8 6. 2 0.77 6. 5 0. 74 6. 5 0.74